General User Proposal Form CENTER FOR FUNCTIONAL NANOMATERIALS Brookhaven National Laboratory

| Req | uest is for Cycle: | Proposal # |
|---------|----------------------|----------------------------|
| 0 | January – April | [CFN Use Only] |
| 0 | May – August | See Instructions on Page 5 |
| \circ | Sentember - December | See monuctions on Page 5 |

1. Experiment Title

| 2. Proposer (Correspondence will be addressed to t Name: Address: | | | | | ne Proposer). All fields are required. Institution: | | | |
|---|---|---|------------------------|---------------------------------|--|-----------------------|------------------|----------------|
| | Phone: | - | | | Fax: | Email: | | |
| | | al Investiga | itor: | | Pl's Institution: | | | |
| 3. | | est for | | /Time | | | | |
| | | | | est for Time in this cycle | Total lifetime days required for e | entire project (6 | cycles/2 year |): |
| | | O FacilityTime Request for Proposal # | | | Minimum days required to perfor | | | |
| 4. | | ity [°] Sel | | - | | | , (| , , |
| | Sel Ord | l ect : Place der : If you h | a check r nave sele | mark next to the equipment o | or beamlines desired. Up to 3 may be pulposed to be be be be be a may be | | | |
| | Fac | cility Staff | Contact: | You must contact a facility s | taff member to ensure your experin | nent can be pe | rformed safely | and |
| | | | | facility indicate the name of | the person you have contacted. | | | |
| | $\overline{\mathbf{V}}$ | 1st 2nd 3rd | Days | <u>Nanopatterning</u> | | Contacted (Nam | ie): | |
| | | 123 | | | n SEM & NPGS e-beam controller | | | |
| | | 023 | | Suss MJB-3 Mask Aligner | | | | |
| | | 123 | | Plasma Technology RIE 80 | • | | | |
| | | 123 | | JSM 6500 Scanning Electr | | | | |
| | | 123 | | JEOL JBX-9300FS electro | 9 | | | |
| | | 1st 2nd 3rd | Days | Materials Synthesis | | Contacted (Nam | ie): | |
| | | 023 | | Pulsed laser deposition sys | stem | | | |
| | 님 | 023 | | Sputtering system | • | | | |
| | 片 | 023 | | Arc furnace, tube and box | | | | |
| | 片 | 023 | | | Infrared Float. Zone Image Furnace | | analysia/antical | |
| | ☐ ①②③ ☐ Analytical equipment: powder x-ray diffraction, SQUID magnetometer/Thermal analysis/optical microscopy ☐ 1st 2nd 3rd ☐ Days ☐ Electron Microscopy ☐ Facility Staff Contacted (Name): | | | | | | | |
| | | 1 2 3 | Days | | ng/transmission electron microscop | • | ie). | |
| | H | 023 | | | mission electron microscope | G | | |
| | H | 023 | | PHI 600 Scanning Auger N | | | | |
| | H | 023 | | JEOL-6400 Scanning Elec | | | | |
| | | 1st 2nd 3rd | | NSLS Nanoscience | | f Contacted (Na | ame). | |
| | | 123 | | Infrared microspectroscopy | | O U2B | O U10B | |
| | $\overline{\Box}$ | 023 | | Infrared transmission and r | | O U10A | O U12IR | |
| | \Box | 123 | | Microdiffraction imaging | | O $\overline{X20A}$ | O X26A | |
| | | 123 | | Scanning transmission x-ra | av microscopy (STXM) | O_{X1A1} | O_{X1A2} | |
| | | 123 | | Small angle x-ray scatterin | , | O $\overline{X10A}$ | O X21 | O X27C |
| | | 123 | | X-ray absorption spectroso | | O X18B | O <u>X19A</u> | O <u>X23A2</u> |
| | | 123 | | | opy, near edge (NEXAFS, XANES) | | | |
| | | 123 | | X-ray diffraction (XRD), por | | O X3B1 | O <u>X7A</u> | |
| | | 123 | | X-ray magnetic circular dic | | O U4B | | |
| | | 123 | | X-ray microprobe | , , | O <u>X26A</u> | O <u>X13B</u> | |
| | | 123 | | X-ray photoemission spect | roscopy | O <u>U8B</u> | | |
| | | 123 | | X-ray reflectivity | | O <u>X22A</u> | O <u>X18A</u> | |
| | | 123 | | X-ray scattering or diffraction | on (XRD), surface | O_{X18A} | O X22A | |
| | | 123 | | X-ray scattering, liquid | • | O <u>X19C</u> | | |
| | | 123 | | X-ray scattering, magnetic | | O U4B | | |
| | Ē | 1)23 | $\overline{\Box}$ | X-ray standing waves (XS) | V) | O X15A | | |

| | | 1st 2nd 3rd | Days | Proximal Probes | | Facility Staff Contacted (Name): | |
|------------|-------------------------|---------------|------------|---------------------------------------|-------------------------------|---|-----------------|
| | | 023 | | Omicron VT UHV ator | nic resolution STM | | |
| | | 123 | | Near-field Scanning o | ptical microscope | | |
| | | 003 | | Preparation chamber | with MBE and oxygen | | |
| | $\overline{\mathbf{V}}$ | 1st 2nd 3rd | Days | Ultrafast Optical | Source | Facility Staff Contacted (Name): | |
| | | 1023 | | Nonlinear Optical Sur | face Probe Facility | | |
| | | 123 | | Ultrafast x-ray lab | | | |
| | $\overline{\mathbf{A}}$ | 1st 2nd 3rd | Days | Theory And Com | putation | Facility Staff Contacted (Name): | |
| | | 1023 | | Software and Comput | ational Services | | |
| 5 . | NSLS | Beaml | ine Ex | perimental Requ | irements | | |
| | If you h | ave selecte | ed a NSL | S Beamline under the N | ISLS Nanoscience, compl | lete this section. Otherwise continue to Qu | estion 6. |
| | Wavele | ength/Energ | gy Range | e : | | | |
| | Spot si | ze on samp | ole: | | | | |
| | Resolu | | | Energy: | or q: | Other: | |
| 6. | | ceptabl | e Date | | ' | | |
| • | | | | | Proposer to perform this ex | operiment (in this cycle): | |
| | | | | , , , , , , , , , , , , , , , , , , , | | , | |
| 7. | Mode | of Ope | ration | 1 | | | |
| • | | | | | ming this work or experim | nent? | OYes ONo |
| | | | _ | | | I personnel? Prior permission is required. | OYes ONo |
| 8. | • | osure | | o work or experiment with | nout accidentation from or re | percention. Their permission to required. | C 100 C 110 |
| 0. | | | disclose | scientific content of this | nronosal to CEN personn | nel prior to experimental approval? | OYes ONo |
| 9. | | pment F | | | proposar to or 14 personin | or prior to experimental approvar: | 0103 0110 |
| J. | | | | | inment or facilities require | ed to perform this experiment (e.g., vacuur | n) If gas phase |
| | | | | | | ematic and description of the differential p | |
| | | n isolation s | | | chis), picase attach a son | icinate and description of the differential p | umping or |
| | vaoaan | i ioolation t | JOHOTHO (| to be doed. | | | |
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| | | | | | | | |
| | B. You | r Equipme | nt. List b | pelow all equipment and | materials you will be bring | ging in order to perform this experiment. If | vou are |
| | | | | | | mation concerning this equipment below. | |
| | | | | Cluster personnel prior t | | 3 11 | |
| | | | • | | · | | |
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| | | | | | | | |
| | C. Clus | ster Equip | ment. Lis | st below all equipment a | nd materials to be provide | ed by the Cluster. | |
| | | | | 1.1 | , , , , | • | |
| | | | | | | | |
| | | | | | | | |

10. Safety & Hazards

Are there any safety concerns, hazardous materials or experimental equipment (read below). OYes ONo List below all radioactive, toxic or explosive substances or hazardous procedures and their disposition. List all materials and equipment that you will insert into the beamline vacuum system. Describe samples, their out gassing properties, and any electromagnetic fields generated so that the effect on the ring and beamline vacuum and/or the ring orbit and nearby beamlines can be evaluated.

11. Scientific Theme Area

| Select the appropriate thrust area associated with | h your experiment. |
|--|--------------------|
|--|--------------------|

O Strongly Correlated Oxides O Charge Transfer
O Magnetic Nanoassemblies O Thin Organic Films

O Nanocatalyst Materials O Nanomaterials Applications

12. Research Description

Below provide sufficient details about your program or experiment to justify your cluster time request. The write-up must include the following:

- Description of experiment
- Scientific importance
- What you expect to accomplish
- Why a particular cluster or synchrotron radiation is required
- Which characteristics are important (focusing, equipment, etc.)
- Three publication citations that will assist panel in evaluating your work

O Other: (please specify)

- Description of prior work
- (From Question 4:) Explain why the selected order of equipment or beamlines is necessary. Explain why this equipment or beamline is critical to your experiment in the cycle requested and whether use of the selected equipment or beamline(s) must immediately follow other equipment you have selected.
- If this is a Cluster Time Request, include progress to date, results obtained, problems encountered (with proposed solutions), what you expect to accomplish, and details to justify that you have made efficient use of the equipment and/or beamlines.

INSTRUCTIONS

Completing the Form: Download the form to your computer. Either type into the form while displayed on your monitor (preferred method) or print it out and use a typewriter. Proposals that are incomplete, illegible or late (see deadlines below) will not be accepted.

- New Proposals: Complete all fields.
- Cluster Time Requests: Complete all fields except "3. Total Lifetime Days..."

Proposal Lifetimes and Cycle Lengths: Each Proposal is active for 2 year (6 cycles) UNLESS the maximum allotted cluster time has been reached OR the proposal received a rating between 4 and 5. Cycles are 4 months long. Subsequent requests for cluster time must be submitted on a new Cluster Time Request Form for the next cycle.

Insertion Devices: Download the appropriate form if applying to use insertion devices.

Deadlines: Proposals and Requests for Cluster Time must be received by User Administration before 5 p.m. eastern standard time on the deadline date for each cycle listed below.

Cycle 1Cycle 2Cycle 3(January – April)(May – August)(September – December)due September 30due January 31due May 31

Send Proposals by email: gcisco@bnl.gov

NSLS User Administration Proposals
Brookhaven National Laboratory
P. O. Box 5000, Bldg. 725B
Upton, New York 11973-5000

Phone: (631) 344-4703 or
Alt. Phone: (631) 344-NANO
Fax: (631) 344-7206